

Appl. No : 09/425,234 Confirmation No.: 9266
Applicant : RABIE et al.
Filed : October 25, 1999
Title : MAINTENANCE CLEANING FOR MEMBRANES
TC./A.U. : 1723
Examiner : MENON, Krishnan S.
Docket No. : 4320-091
Customer No. : 001059



Honorable Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

January 14, 2004

AMENDMENT

Sir:

In response to the office action of October 15, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

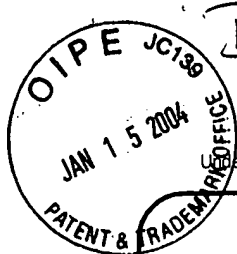
Remarks/Arguments begin on page 9 of this paper.

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Image

1723

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/425,234	
	Filing Date	October 25, 1999	
	First Named Inventor	RABIE	
	Art Unit	1723	
	Examiner Name	MENON, Krishnan S.	
Total Number of Pages in This Submission		Attorney Docket Number	4320-91

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Scott R. Pundsack Registration No. 47,330 BERESKIN & PARR
Signature	<i>Scott Pundsack</i>
Date	January 14, 2004

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